TO THE MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

The HUMAN SERVICES COMMITTEE met in regular session on April 2, 2008, and recommends the following motions:

- 1. Review minutes of:
 - a) Human Services Board (2/21//08).
 - b) Aging & Disability Resource Center (2/28/08).
 - c) Veterans' Recognition Sub Committee (3/11/08).
 - d) Community Options Program Appeals Committee (3/10/08 & 3/24/08).
 - e) Children with Disabilities Education Board (2/13/08).

Receive & place on file items a-e.

- 2. Communication from Supervisor Steve Fewell re: Have the County Board review the citation and update regarding the violation of the Brown County nuisance ordinance regarding odors. (Held from previous meeting.) Receive & place on file.
- 3. Communication from Supervisor Steve Fewell re: Request that the Ordinance regarding odor be reviewed and amended to allow the Board of Health to impose fines until the problem is fixed. (From previous meeting.) Receive & place on file.
- 4. Communication from Supervisor Mary Scray re: Update from Internal Auditor on Mental Health Center accounts receivable. (From previous meeting.) Receive & place on file.
- 5. Communication from Supervisor Steve Fewell re: To evaluate the increase of suicides in Brown County and to develop a plan to address this issue with a suicide prevention program and awareness. (Held from previous meeting.)

 Receive & place on file.
- 6. Communication from Supervisor Mary Scray re; Have the County look to contract with a professional fund raiser to raise money/donations for the furniture at the new Mental Health Care Center. (Referred from March County Board.) Hold until next meeting.
- 7. Veterans' Dept. Budget Status Financial Report for February 2008. Receive & place on file.
- 8. Veterans' Dept. Director's report. Receive & place on file.

Human Services Committee

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- 9. Human Services Dept. Grant Application Approval--Social Security Outreach Access & Recovery Grant (SOAR). <u>Approve.</u>
- 10. Human Services Dept. Accept Donation of \$961 for Mental Health Center. Approve.
- 11. Human Services Dept. Mental Health Center Statistics Update (February). Receive & place on file.
- 12. Human Services Dept. Bellin Psychiatric Monthly Report (February). Receive & place on file.
- 13. Human Services Dept. Approval for New Non-Continuous Vendor. Approve.
- 14. Human Services Dept. Approval of New Contract Vendors. Approve.
- 15. Human Services Dept. Monthly Contract Update. Receive & place on file.
- 16. Human Services Dept. Budget Status Financial Report for Community Programs (no report). Receive & place on file.
- 17. Human Services Dept. Budget Status Financial Report for Mental Health Center (no report). Receive & place on file.
- 18. Human Services Dept. Director's Report. Receive & place on file.
- 19. Aging & Disability Resource Center Revenue & Expense Report (2/29/08). Receive & place on file.
- 20. Health Dept. Budget Status Financial Report for February 29, 2008. Receive & place on file.
- 21. Audit of bills. Approve payment of bills.

Approved	by:
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COUNTY EXECUTIVE
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Date

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the Brown County Human Services Committee was held on Wednesday, April 2, 2008 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin

Present:

Pat Evans, Steve Fewell, Mary Scray, Joe VanDeurzen, Chris Zabel,

Guy Zima

Excused:

Pat LaViolette

Also Present: Tom Hinz, Jayme Sellen, Jack Krueger, Jerry Polus, Diane Pivonka,

Mark Quam, Tom Eggebrecht, Ian Agar, Other Interested Parties

1. Call Meeting to Order:

The meeting was called to order by Chairman Pat Evans at 6:32 p.m.

2. Approve/Modify Agenda:

> Motion made by Supervisor Fewell and seconded by Supervisor Scray to approve. MOTION APPROVED UNANIMOUSLY

3. Approve/Modify Minutes of March 5, 2008:

> Motion made by Supervisor Zima and seconded by Supervisor Zabel to approve. MOTION APPROVED UNANIMOUSLY

- 4. **Review Minutes of:**
 - **Human Services Board (2/21/08):**
 - Aging & Disability Resource Center (2/28/08): b.
 - **Veterans' Recognition Sub-Committee (3/11/08):** C.
 - Community Options Program Appeals Committee (3/10/08 & 3/2408): d.
 - Children with Disabilities Education Board (2/13/08):

Motion made by Supervisor Zabel and seconded by Supervisor VanDeurzen to receive and place on file 4a, b, c, d, & e. MOTION APPROVED UNANIMOUSLY

Comments from the Public/Such other Matters as authorized by law:

5. None

Communications:

Communication from Supervisor Steve Fewell re: Have the County Board review the citation and update regarding the violation of the Brown County **Nuisance Ordinance regarding Odors:**

Supervisor Fewell indicated that he attended the last Board of Health meeting, reporting there is a case that received a citation, which will come before the court Supervisor Fewell indicated that he attended the last Board of Health meeting, reporting there is a case that received a citation, which will come before the court in April. After that time, Fewell stated the strength of the Brown County ordinance should be known.

Motion made by Supervisor Fewell and seconded by Supervisor VanDeurzen to receive and place on file.

MOTION APPROVED UNANIMOUSLY

7. Communication from Supervisor Steve Fewell re: Request that the Ordinance regarding odor be reviewed and amended to allow the Board of Health to impose fines until the problem is fixed. (From previous meeting):

This item relates to #6 above, and again the recommendation was to receive and place on file.

Motion made by Supervisor Fewell and seconded by Supervisor VanDeurzen to receive and place on file.

MOTION APPROVED UNANIMOUSLY

8. Communication from Supervisor Mary Scray re: Update from Internal Auditor on Mental Health Center Accounts Receivable. (From previous meeting):

See Director's Report (#22) for discussion on this item.

Motion made by Supervisor Scray and seconded by Supervisor Fewell to receive and place on file. MOTION APPROVED UNANIMOUSLY

9. Communication from Supervisor Steve Fewell re: To evaluate the increase of suicides in Brown County and to develop a plan to address this issue with a suicide prevention program and awareness. (Held from previous meeting):

Tom Eggebrecht introduced Ion Agar, newly hired Crisis Systems Coordinator with the Human Services Department, who distributed two handouts, one giving statistics of death by suicide in Brown County in 2007, with the other an article from The New York Times addressing "Midlife Suicide Rises, Puzzling Researchers", both attached.

Mr. Agar highlighted the following data from statistics he received through Medical Examiner Records.

- 40 suicides were reported in Brown County in 2007.
- Ratio was 3-1, male to female.
- Age ranged from 20 to 60 (working population).
- Typically were professional, semi-professional, followed by students, laborers, unskilled, retired, and disabled.
- Brown County zip code areas involved 54301, 54303, and 54115
- Choice of suicide was mainly by strangulation (hanging), or shooting.

In addition, Mr. Agar indicated that approximately 67% had a pre-existing mental health diagnosis, typically depression, bipolar disorder, or schizophrenia. In the sample reviewed, almost 30% had alcohol problems, 12.5% drug problems, and 12.5% had prior suicide attempts. The majority of the population had never married, lived alone, or had a recent relationship end from divorce or separation. In terms of living situation, 7.5% were found to be homeless. Many were found to have health issues, 25% with pre-existing conditions, 12.5% with financial problems, and 5% with military connections.

When asked by Supervisor Fewell regarding statistics of attempted suicides that were not successful, Mr. Agar stated it is estimated this number to be 25 times the number of successful suicides, with most of that number assigned to women.

Mr. Agar indicated that the County continues to be involved in intervention efforts, which include training and regular meetings through the Brown County Suicide Prevention Agency.

Motion made by Supervisor VanDeurzen and seconded by Supervisor Zabel to receive and place on file. MOTION APPROVED UNANIMOUSLY

10. Communication from Supervisor Mary Scray re: Have the County look to contract with a professional fund raiser to raise money/donations for the furniture at the new Mental Health Care Center. (Referred from March County Board):

Because Supervisor Scray is in the process of doing research, she asked that this item be held until the next meeting.

Motion made by Supervisor Scray and seconded by Supervisor VanDeurzen to hold until the next meeting.

MOTION APPROVED UNANIMOUSLY

Veterans' Dept:

- 11. Budget Status Financial Report for February 2008:
- 12 Director's Report:

Jerry Polus informed the committee that he recently attended a meeting at the Appleton VA Clinic where he was informed of the possible expansion of the Green Bay VA Clinic. Requested funding for the clinic will be included in the 2009 budget, which is to be called "Make A Clinic". There are only two "Make A Clinics" in the VA system nationwide, meaning it will be a large facility, planned at 100,000 square feet, with 75 employees, and able to serve 15,000 veterans for primary care, with several sub-specialty areas, i.e. dental, day surgery, audiology, eye care, podiatry, physical therapy, and other. If approved in the 2007 Federal budget, the process to advertise for a site location will follow.

Mr. Polus also reported that monthly programs at the ARDC continue to be well attended, with the next meeting on Friday, April 4th, having Gayle Kagan as the guest speaker, along with the Director of 211 United Way of Brown County. Mrs. Kagan will be discussing her efforts on a national level to expand the 211

program for military families and veterans. ARDC meets the first Friday of every month from 10:30 to 11:30 a.m. followed by a free lunch.

Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to receive and place on file #'s 11 & 12. <u>MOTION APPROVED UNANIMOUSLY</u>

Human Services Dept.

13. Grant Application Approval – Social Security Outreach Access & Recovery Grant (SOAR):

Mr. Quam explained that this grant, SOAR, will provide methods for initial application and approval rates in 60 to 90% of SSA applicants. The grant will establish a system of effective benefits application within Brown County, involving coordination with homeless providers, benefits specialists, and treatment staff, and will include community training to sustain the effort post grant period. The amount of the grant is \$51,000 annually, with a \$12,500 match requirement to be met with existing staff time.

Motion made by Supervisor VanDeurzen and seconded by Supervisor Fewell to approve. <u>MOTION APPROVED UNANIMOUSLY</u>

14. Accept Donation of \$961 for Mental Health Center:

A donation from Brian O'Hara of Milwaukee, WI was addressed. Mr. Quam explained that the money was raised through a fund raiser at Mr. O'Hara's employer.

Supervisor Zima excused 7:00 p.m.

A letter will be sent to Mr. O'Hara thanking him for his contribution.

Motion made by Supervisor VanDeurzen and seconded by Supervisor Fewell to approve. MOTION APPROVED UNANIMOUSLY

15. Mental Health Center Statistics Update (February):

Supervisor Scray noted that admissions at the Mental Health Center were reduced from 187 to 166 from 2007 to 2008 year to date. Mr. Quam indicated he is aware of this fact, that it is related to diversion, and staff is watching these numbers.

Motion made by Supervisor Scray and seconded by Supervisor VanDeurzen to receive and place on file.

MOTION APPROVED UNANIMOUSLY

16. Bellin Psychiatric Monthly Report (February):

Report from Linda Roethle of Bellin notes no transfers of involuntary adolescents to other institutions, nor were any admissions refused.

Motion made by Supervisor Zabel and seconded by Supervisor Scray to receive and place on file. MOTION APPROVED UNANIMOUSLY

17. Approval for New Non-Continuous Vendor:

Motion made by Supervisor VanDeurzen and seconded by Supervisor Fewell to approve. <u>MOTION APPROVED UNANIMOUSLY</u>

18. Approval of New Contract Vendors:

Questions were asked regarding a Teen Parent Program reported through Catholic Charities in a contract amount of \$120,000. Supervisor Fewell stated he would like clarification of the position of the church, asking if they are enforcing an abstinence only philosophy. Mr. Eggebrecht indicated it his understanding Catholic Charities are not making any specific recommendations, but are instead referring to resources that offer counseling.

Supervisor Fewell asked for further clarification of their parameters, with Supervisor Scray pointing out that the parameters of the RFP for the YWCA program, funding through Brown County, were with the requirement of graduation from high school and no second child.

Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to approve. MOTION APPROVED UNANIMOUSLY

19. Monthly Contract Update:

Motion made by Supervisor Fewell and seconded by Supervisor VanDeurzen to receive and place on file.

MOTION APPROVED UNANIMOUSLY

- 20. Budget Status Financial Report for Community Programs (no report):
 No Action
- 21. Budget Status Financial Report for Mental Health Center (no report)):
 No Action

Motion made by Supervisor Fewell and seconded by Supervisor Scray to receive and place on file #'s 20 & 21. <u>MOTION APPROVED UNANIMOUSLY</u>

22. Director's Report:

In regard to #8 above – Update from Internal Auditor on MHC Accounts Receivable, Mr. Quam reported that Sara Perrizo has met with the Billing Supervisor and the Accountant and will soon be submitting a report.

Kelly Sellner was introduced as the New Account Manager, replacing Joan Daniel.

Also highlighted were the following:

- A search for housing to serve the developmentally disabled population in crisis will be conducted through an RFP. A separate RFP will be submitted for services. Supervisor VanDeurzen informed Mr. Quam of a property on Military Avenue, formerly used as a CBRF which is empty and may serve this purpose. Contact information will be provided to Mr. Quam.
- Room and Board rates for long term support are under discussion with the State.

- A power point presentation will be made at the May meeting concerning Family Care.
- Possible naming rights for the new Mental Health Center are in process.

Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to receive and place on file. MOTION APPROVED UNANIMOUSLY

<u>Syble Hopp School</u> No agenda items

<u>Aging & Disability Resource Center</u> Revenue & Expense Report for 2/29/08. No agenda items

<u>Health Dept</u> Budget Status Financial Report for 2/29/08. No other agenda items

Motion made by Supervisor Fewell and seconded by Supervisor Scray to receive and place on file the above reports. <u>MOTION APPROVED UNANIMOUSLY</u>

Other:

23. Audit of Bills:

Motion made by Supervisor Scray and seconded by Supervisor VanDeurzen to approve payment of bills.
MOTION APPROVED UNANIMOUSLY

Motion made by Supervisor VanDeurzen and seconded by Supervisor Scray to adjourn at 7:30 p.m. MOTION APPROVED UNANIMOUSLY

Respectfully submitted,

Rae G. Knippel Recording Secretary

Deaths by Suicide, Brown County 2007 (n=40)

Gender	Male	31	40 77/6
Gende	Female	9	0.225
Age	40-49		
	19-29	10	# # 10 S25 # 1025 # 10225
	30-39	10	
	0-18	3	0.075
	50-59	2	
	60+	2	
Occupation	Professional	o o	0.00
	Skilled	8	70.2 7 50.2 7 4 50.375
	Student	7	0.75
	Laborer	6	0.15
	Unskilled	3	
	Retired	2	0.075
	Disabled	1	0.025
	54301		
	54303	9	012
	54115	7	
	54302	4	0.1
Zip Code	54304	4	0.1
•	54313	4	0.1
	54311	3	0.075
	54173	1	0.025
	54911	1	0.025
Method	Hanging		0.023
	Gunshot	11	
	Overdose	6	
	Carbon Monoxide	3	0.15 0.075
	Exsanguination	3	
	Fall	2	0.075 0.05
MH/AODA	Psych. Diagnosis		
	Alcohol		20675
	Drugs	11	0.275
	Prior Attempt	5 5	0.125
	Prior Ideation	ა 3	0.125
Relationships			0.075
	Never Married	17	0.425
	Relationship End		36 34 36 40 275
	Divorced	10	2.12 (6.025
	Separated		ACCUPATION MODE
Living Situation	Alone	11.	
	Homeless	3	0.075
Other	Health Issues	10	Z
	Financial Issues	5	0.125
	Ex-Military	2	0.05

Preliminary data per Medical Examiner Records, February 4, 2008



The New york Times



February 19, 2008

Midlife Suicide Rises, Puzzling Researchers

By PATRICIA COHEN

Shannon Neal can instantly tell you the best night of her life: Tuesday, Dec. 23, 2003, the Hinsdale Academy debutante ball. Her father, Steven Neal, a 54-year-old political columnist for The Chicago Sun-Times, was in his tux, white gloves and tie. "My dad walked me down and took a little bow," she said, and then the two of them goofed it up on the dance floor as they laughed and laughed.

A few weeks later, Mr. Neal parked his car in his garage, turned on the motor and waited until <u>carbon monoxide</u> filled the enclosed space and took his breath, and his life, away.

Later, his wife, Susan, would recall that he had just finished a new book, his seventh, and that "it took a lot out of him." His medication was also taking a toll, putting him in the hospital overnight with worries about his heart.

Still, those who knew him were blindsided. "If I had just 30 seconds with him now," Ms. Neal said of her father, "I would want all these answers."

Mr. Neal is part of an unusually large increase in <u>suicides</u> among middle-aged Americans in recent years. Just why thousands of men and women have crossed the line between enduring life's burdens and surrendering to them is a painful question for their loved ones. But for officials, it is a surprising and baffling public health mystery.

A new five-year analysis of the nation's death rates recently released by the federal <u>Centers for Disease Control</u> and <u>Prevention</u> found that the suicide rate among 45-to-54-year-olds increased nearly 20 percent from 1999 to 2004, the latest year studied, far outpacing changes in nearly every other age group. (All figures are adjusted for population.)

For women 45 to 54, the rate leapt 31 percent. "That is certainly a break from trends of the past," said Ann Haas, the research director of the American Foundation for Suicide Prevention.

By contrast, the suicide rate for 15-to-19-year-olds increased less than 2 percent during that five-year period -- and decreased among people 65 and older.

The question is why. What happened in 1999 that caused the suicide rate to suddenly rise primarily for those in midlife? For health experts, it is like discovering the wreckage of a plane crash without finding the black box that recorded flight data just before the aircraft went down.



http://www.nytimes.com/2008/02/19/us/19suicide.html?ei=5070&en=75558ba9727f2b97&ex=12041... 2/22/2008

Experts say that the poignancy of a young death and higher suicide rates among the very old in the past have drawn the vast majority of news attention and prevention resources. For example, \$82 million was devoted to youth suicide prevention programs in 2004, after the 21-year-old son of Senator Gordon H. Smith, Republican of Oregon, killed himself. Suicide in middle age, by comparison, is often seen as coming at the end of a long downhill slide, a problem of alcoholics and addicts, society's losers.

"There's a social-bias issue here," said Dr. Eric C. Caine, co-director at the Center for the Study of Prevention of Suicide at the University of Rochester Medical Center, explaining why suicide in the middle years of life had not been extensively studied before.

There is a "national support system for those under 19, and those 65 and older," Dr. Caine added, but not for people in between, even though "the bulk of the burden from suicide is in the middle years of life."

Of the more than 32,000 people who committed suicide in 2004, 14,607 were 40 to 64 years old (6,906 of those were 45 to 54); 5,198 were over 65; 2,434 were under 21 years old.

Complicating any analysis is the nature of suicide itself. It cannot be diagnosed through a simple X-ray or blood test. Official statistics include the method of suicide — a gun, for instance, or a drug overdose — but they do not say whether the victim was an addict or a first-time drug user. And although an unusual event might cause the suicide rate to spike, like in Thailand after Asia's economic collapse in 1997, suicide much more frequently punctuates a long series of troubles — mental illness, substance abuse, unemployment, failed romances.

Without a "psychological autopsy" into someone's mental health, Dr. Caine said, "we're kind of in the dark."

The lack of concrete research has given rise to all kinds of theories, including a sudden drop in the use of hormone-replacement therapy by menopausal women after health warnings in 2002, higher rates of <u>depression</u> among baby boomers or a simple statistical fluke.

At the moment, the prime suspect is the skyrocketing use — and abuse — of prescription drugs. During the same five-year period included in the study, there was a staggering increase in the total number of drug overdoses, both intentional and accidental, like the one that recently killed the 28-year-old actor <u>Heath Ledger</u>. Illicit drugs also increase risky behaviors, C.D.C. officials point out, noting that users' rates of suicide can be 15 to 25 times as great as the general population.

Jeffrey Smith, a vigorous fisherman and hunter, began ordering prescription drugs like Ambien and <u>Viagra</u> over the Internet when he was in his late 40s and the prospect of growing older began to gnaw at him, said his daughter, Michelle Ray Smith, who appears on the television soap "Guiding Light." Five days before his 50th birthday, he sat in his S.U.V. in Bloomfield Hills, Mich., letting carbon monoxide fill his car.

Linda Cronin was 43 and working in a gym when she gulped down a lethal dose of prescription drugs in her Denver apartment in 2006, after battling <u>eating disorders</u> and depression for years.

Looking at the puzzling 28.8 percent rise in the suicide rate among women ages 50 to 54, Andrew C. Leon, a professor of biostatistics in <u>psychiatry</u> at Cornell, suggested that a drop in the use of hormone replacement therapy after 2002 might be implicated. It may be that without the therapy, more women fell into depression, Dr. Leon said, but he cautioned this was just speculation.

Despite the sharp rise in suicide among middle-aged women, the total number who died is still relatively small: 834 in the 50-to-54-year-old category in 2004. Over all, four of five people who commit suicide are men. (For men 45 to 54, the five-year rate increase was 15.6 percent.)

Veterans are another vulnerable group. Some surveys show they account for one in five suicides, said Dr. Ira Katz, who oversees mental health programs at the <u>Department of Veterans Affairs</u>. That is why the agency joined the national toll-free suicide hot line last August.

In the last five years, Dr. Katz said, the agency has noticed that the highest suicide rates have been among middle-aged men and women. Those most affected are not returning from Iraq or Afghanistan, he said, but those who served in Vietnam or right after, when the draft ended and the all-volunteer force began. "The current generation of older people seems to be at lesser risk for depression throughout their lifetimes" than the middle-aged, he said.

That observation seems to match what Myrna M. Weissman, the chief of the department in Clinical-Genetic Epidemiology at New York State Psychiatric Institute, concluded was a susceptibility to depression among the affluent and healthy baby boom generation two decades ago, in a 1989 study published in The Journal of the American Medical Association. One possible reason she offered was the growing pressures of modern life, like the changing shape of families and more frequent moves away from friends and relatives that have frayed social support networks.

More recently, reports of a study that spanned 80 countries found that around the world, middle-aged people were unhappier than those in any other age group, but that conclusion has been challenged by other research, which found that among Americans, middle age is the happiest time of life.

Indeed, statistics can sometimes be as confusing as they are enlightening. Shifts in how deaths are tallied make it difficult to compare rates before and after 1999, C.D.C. officials said. Epidemiologists also emphasize that at least another five years of data on suicide are needed before any firm conclusions can be reached about a trend.

The confusion over the evidence reflects the confusion and mystery at the heart of suicide itself.

Ms. Cronin explained in a note that she had struggled with an inexplicable gloom that would leave her cowering tearfully in a closet as early as age 9. After attempting suicide before, she had checked into a residential treatment program not long before she died, but after a month, her insurance ran out. Her parents had offered to continue the payments, but her sister, Kelly Gifford, said Ms. Cronin did not want to burden them.

Ms. Gifford added, "I think she just got sick of trying to get better."

920-824-6344